Office of Juvenile Justice Escorted Absence Request Form

| Date of Request: Escorted Abs | sence Date &Time: |
|---|---|
| Name of Youth: | JETS#: |
| Offense(s): | |
| Judge(s): | Region of Origin: |
| Requested By: | |
| Name | Position |
| TYPE (| OF ESCORTED ABSENCE |
| ☐ Family Emergency | |
| Location of Escorted Absence Nature of emergency: | Person who verified emergency info |
| ☐ <u>Family Reintegration</u> | |
| Location of Escorted Absence | Names of 2 participating family members |
| Other information: | |
| ☐ Group/Special Event Escorted Absence | |
| I agation of Egganted Abounce | High Lavel Admin Chaff Aggammanying |
| Location of Escorted Absence | High Level Admin Staff Accompanying |
| ☐ Education/ Work opportunity/ Work train | |
| <u>Education</u> / Work opportunity/ Work train | ung |
| Location of Escorted Absence | Educational Purpose/Employer/Training Provider |
| Work activity | |
| REQUIRED SIGNATURES | |
| | |
| Approved:Date Case Manager | Approved:Date Group leader/Asst.Group Leader |
| Approved: | Approved:Date |
| Principal Date | Director of Treatment |
| | Date |
| Specialize Approved/Denied | ed Treatment Provider (if any) |
| Approved/Dellied | Comments: |
| Facility Director | |
| | |